

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 6/11/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445393	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/25/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 039 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridors.	K 039	K 039 NFPA 101 Life Safety Code Standards Width of aisles or corridors (clear and on- obstructed) serving as exit access is at least 4 feet. 19.2.3.3 <u>Residents Affected/Potentially Affected</u> Ambulatory residents of the facility have the potential to be affected. <u>Systemic Change</u> The Barber Pole was removed. The Facility was further assessed for other possible protrusions into the corridor. Any issues identified have been repaired.		5/27/11 MDW
	The findings include: Observation of the West corridor on 4/25/11 at 10:15 AM, revealed a barber pole mounted on the wall, protruding 10 inches into the corridor. National Fire Protection Association. 101, 7.3.2 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 4/25/11.		<u>Monitoring Change</u> Department heads will make rounds during the week and have been instructed to observe for any protrusions into the corridors. Following rounds, identified issues will be reported to the Maintenance director or his designee immediately for correction. Identified issues will be reviewed at the Safety meeting and reported in QA, for 3 months.		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the	K 050	K 050 NFPA 101 Life Safety Code Standards Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. <u>Residents Affected/Potentially Affected:</u> Residents residing in the facility could potentially be affected. Burners on stove were turned off immediately. <u>Systemic Measures:</u>		5/27/11 MDW
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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PRINTED: 05/06/2011
FORM APPROVED
OMB NO. 0938-0391

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K 050	Continued From page 1 facility failed to train the staff in fire drills. The findings include: Observation during the fire drill on 4/25/11 at 10:02 AM, revealed the kitchen staff did not turn off the burners on the stove. National Fire Protection Association (NFPA) 101, 19.2.3 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 4/25/11.	K 050	Dietary staff was in-serviced to turn off all burners on the stove during any fire alarm event. Fire drills will be conducted per facility policy and in compliance with State and Federal Regulations. Monitoring Change: The Maintenance director/designee will monitor all drills and in-services at the time of each drill. Any non-compliance will be reported to the Administrator immediately to address as necessary. Fire Drill compliance will be reviewed in Safety Meeting and discussed in QA monthly x 3 months.		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the sprinkler system. The findings include: (1) Observation of the medical records office and the kitchen freezer on 4/25/11 at 10:24 AM, revealed equipment was stored within 18 inches of the sprinklers. National Fire Protection Association (NFPA) 13, 5.5.6 (2) Observation of the riser room sprinkler cabinet on 4/25/11 at 10:24 AM, revealed no sprinkler wrench. NFPA 13, 3.2.9.2	K 062	K 062 NFPA 101 Life Safety Code Standards 5/27/11 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. Residents Affected/Potentially Affected: Residents in the facility could potentially be affected. Equipment stored within 18 inches of the ceiling was removed and placed to proper height. The missing Sprinkler wrench was placed in the riser room sprinkler cabinet. Systemic Changes: Medical Records and the Dietary Department were in-serviced on properly storing items no higher than 18 inches from the ceiling. The Maintenance department was in-serviced on monthly monitoring to ensure sprinkler wrenches are in place. Monitoring Change: The Maintenance Dept. Staff will monitor the riser room monthly and PRN to assure that a sprinkler wrench is present. This issue will be reviewed in Safety Meeting and discussed in QA for three months		

Michael Ward, LMDA

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K 062	Continued From page 2 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 4/25/11.	K 062			
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064	K 064 NFPA 101 Life Safety Code Standards Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1		5/27/11 MDW
			Residents Affected/Potentially Affected:		
This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the fire extinguisher. The findings include: Observation of the laundry room on 4/25/11 at 10:30 AM, revealed the fire extinguisher was mounted 62 inches above the floor instead of the required less than 60 inches. National Fire Protection Association (NFPA) 10, 1.6.10 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 4/25/11.			Residents residing in the facility could potentially be affected. Fire Extinguisher immediately lowered to the proper height. An immediate check of the height for all fire extinguishers in the facility was conducted. Systemic Measures: The Maintenance staff was in-serviced on proper height placement of fire extinguisher. Monitoring Changes: The Maintenance director will perform random audits X 3 months on fire extinguishers to check for correct height. The results of these audits will be discussed in Safety Meeting and in QA for three months.		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the electrical system.	K 147	K 147 NFPA 101 Life Safety Code Standards Electrical Wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2.		5/27/11 MDW
			Residents Affected/Potentially Affected: Residents residing in the facility could potentially be affected. A new GFCI receptacle was installed in the break room. Broken light covers in East Shower room, West Pantry and West Med. Room were		

Michael Wood, LHA

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K 147	Continued From page 3	K 147	
	The findings include:		replaced. The open space in the electrical panel by room 10 was plugged. The Housekeeping cart blocking the electrical panel by room 137 was removed immediately.
	(1) Observation of the break room on 4/25/11 at 9:37 AM, revealed the electrical outlet next to the sink was not a ground fault circuit interrupter (GFCI) National Fire Protection Association (NFPA) 70, 210-8(a)(5)		Systemic Measures: Housekeeping, maintenance, dietary and nursing staff was in-serviced regarding placement of carts away from electrical panels. In-servicing will be incorporated in orientation upon hire regarding placement of carts away from electrical panels as well as reporting broken/cracked fluorescent light lenses.
	(2) Observations of the East shower room, the West pantry, and the West medicine room on 4/25/11 at 9:40 AM, revealed broken light covers. NFPA 70, 110-12		Maintenance staff and Department managers have been instructed to observe for carts placed too close to electrical panels and for broken/cracked fluorescent light lenses..
	(3) Observation of the corridor by room 10 on 4/25/11 at 9:42 AM, revealed an open space in the electrical panel. NFPA 70, 110-12(a)		Monitoring Changes: Maintenance staff and Dept. Managers will observe for carts placed too close to electrical panels as well as broken/cracked fluorescent light lenses during facility rounds. Any issues will be corrected immediately. Issues identified will be discussed in Safety Meeting and QA for three months.
	(4) Observation of the corridor by room 137 on 4/25/11 at 9:47 AM, revealed the electrical panel was blocked with a cart. NFPA 70, 110-26(a)		
	These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 4/25/11.		

michowand, LNH